



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/064,847 Confirmation No.: 3128
Applicant: : Aldo A. Laghi
Filed: : 08/22/2002
Art Unit : 3738
Examiner : Alvin J. Stewart

Docket No. : 1098.37
Customer No. : 21,901
For : Prosthetic Foot with Medial/Lateral Stabilization

Mail Stop Issue Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT CORRECTING DRAWING INCONSISTENCY

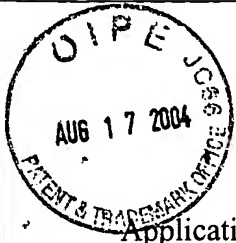
Introductory Comments

Sir:

In response to the Office communication mailed 08/04/2004, having a shortened statutory period for response set to expire 09/04/2004, please amend the above-identified patent application a first time as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.



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TRANSMITTAL

1. Transmitted herewith is an amendment to correct drawing inconsistency for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

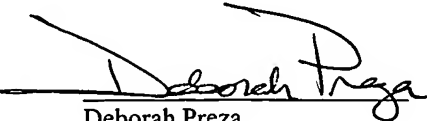
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING
(37 C.F.R. § 1.10)

I HEREBY CERTIFY that this Amendment Correcting Drawing Inconsistency, including Introductory Comments, Amendments to the Specification, and Remarks, is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing Label No. EV505917875US, addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, at (703) 308-6789 on August 18, 2004.

Dated: August 18, 2004


Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	16	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,


SIGNATURE OF PRACTITIONER

Reg. No. 28,761
Tel. No.: (727) 507-8558

Ronald E. Smith
Smith & Hopen, P.A.
15950 Bay Vista Drive, Ste. 220
Clearwater, FL 33760